

Patient Name	Birth Date	
ID/Insurance#	<i>M</i>	F
Clinic/Physician		

Copies of this document and additional information regarding diabetes care are available from Medical Review of North Carolina, Inc., at 1-800-682-2650, or at www.mrnc.org.

This diabetes management guide is based on the American Diabetes Association's (ADA's) "Standards of Medical Care for Patients with Diabetes Mellitus." These guidelines are subject to change. Please check with the ADA. Use it as a reminder for exams or important tests, to simplify record keeping, and as a way to continually improve care to all of your patients with diabetes.

Treatment Topic	Visit Values								
Date (mm/dd/yy)									
Ophthalmology/Optometry Referral/dilated retinal exam Annually									
Glycosylated Hemoglobin Quarterly if changing regimen or poor control; 2 times/yr. if stable									
Test for Microalbuminuria Annual screening to detect nephropathy									
Foot Exam Every visit									
Weight Every visit									
Blood Pressure Every visit									
Nutritional Assessment/Instruction Every visit									
Patient Education Once or more/yr.									
Lipid Profile:									
Total Cholesterol (fasting) Annually									
HDL (fasting) Annually									
LDL (fasting) Annually									
Triglycerides (fasting) Annually									
Influenza Vaccine Annually									
Pneumococcal Vaccine Age > 5 years given at age < 65 and patient is > 65, gives < 5 years ago. Age < 5 years: See ACIP	ve secon	id dose u	ınless the f			(Dat	e/Age)	(Date	e/Age)

Recommendations for stable diabetes. Monitor patients with unstable diabetes more frequently.



















